



COMMUNITY ACTION PARTNERSHIP SOLANO JOINT POWERS AUTHORITY

CONFIDENTIALITY AGREEMENT

As part of your participation in Veteran By Name List (BNL) meetings, you may have access to view, update or modify sensitive information about clients that have been surveyed through the Coordinated Entry System (CES). During Veteran BNL meetings, clients' clinical and legal information is shared for purposes of assessment and placement. All Veteran BNL meeting participants must maintain the confidentiality of all sensitive client information.

Sensitive information includes but is not limited to:

- Client names, nicknames or any other identifying information
- Client address, location or whereabouts
- Client personal finance information including social security numbers, financial data or related information
- Client health information including information on medical conditions, treatment or history
- Any other identifying client information discussed during the Veteran BNL process

Any information collected, accessed, or viewed, whether it is verbal, written, electronic, printed or any other form, as part of Veteran BNL meetings is to be treated as confidential and must not be disclosed. Sensitive information will not be shared with prosecutors, the police, debt collectors, or a private landlord seeking eviction, unless that party has a lawful warrant or similar order from a Court. In the event you are unsure if information can be shared, **DO NOT DISCLOSE INFORMATION.**

Acknowledgment:

As a participant in Veteran BNL meetings I understand that I will have access to sensitive information. I agree that information obtained during this process is NOT to be released to anyone who is not a Veteran BNL meeting participant.

Unauthorized disclosure of sensitive information received through Veteran BNL meetings may be a violation of State and Federal Privacy Laws and punishable by law as a criminal violation and may result in disciplinary action, legal action and may result in dismissal from participation in Veteran BNL meetings.

By my signature above, I acknowledge that I have read and agree to the above stated terms of my participation in Veterans BNL meetings.

Name: _____

Agency: _____

Date: _____

Signature: _____

This agreement shall be good for one year.